

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Singhal et al.

Title:

DETERMINING AMPLITUDE

LIMITS FOR VIBRATION

SPECTRA

Appl. No.:

To be determined

Filing Date:

03/22/2004

Examiner:

To be determined

Art Unit:

To be determined

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

EV 431600460 US 03/22/04

(Express Mail Label Number) (Date of Deposit)

Roberta A. Cooper
(Printed Name)

Roberta A. Cooper
(Signature)

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Ashish Singhal 301 W. Coventry Ct., Apt. 310 Glendale, WI 53217

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Enclosed are:

- [X] Specification, Claim(s), and Abstract (29 pages including cover sheet).
- [X] Informal drawings (12 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12).
- [X] Declaration and Power of Attorney (5 pages).
- [X] Assignment of the invention to Johnson Controls Technology Company (4 pages).
- [X] Assignment Recordation Cover Sheet.
- [X] Check number 13819 in the amount of \$40.00 for Assignment recordation.
- [X] Application Data Sheet (37 CFR 1.76) (5 pages).

The filing fee is calculated below:

	Claims as Filed		Included in		Extra Claims		Rate	<u>.</u> ,··	Fee Totals
	as Pricu		Basic Fee		Ciaiiiis		•		J
Basic Fee							\$770.00	=	\$770.00
Total	36	-	20	=	16	X	\$18.00	=	\$288.00
Claims:									
Independents	3	-	3	=	0	X	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present: + \$290.00								=	\$0.00
							SUBTOTAL:	=	\$1058.00
[]		Sm	all Entity I	Tees	Apply	(subtr	act ½ of above):	=	\$0.00
TOTAL FILING FEE:								=	\$1,058.00

- [X] Check number 13820 in the amount of \$1,058.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed

herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Scott M. Day

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Date 3/22/04

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